

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>101048104</u>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	1						51				
2		1					52				
3	1						53				
4	1						54				
5		4					55				
6		4					56				
7	1						57				
8		1					58				
9		1					59				
10		1					60				
11							61				
12							62				
13							63				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	12						TOTAL DEP.				
TOTAL CLAIMS	16						TOTAL CLAIMS				